

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|---------------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | H.S | 19/866 | 24/7/05-07-01 |
| RESPONSE FORMALITY REVIEW | | | |

Best Available Copy

INDEX OF CLAIMS

| | | | |
|---|-------------------------------|---|--------------|
| ✓ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| - | (Through numeral)... Canceled | A | Appeal |
| - | Restricted | O | Objected |

| Claim | Date |
|-------|---------------------|
| 1 | Original 15/7/05 |
| 2 | ✓ |
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If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)

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